OMB No. XXXX-XXX X

Exp. XX/XX/XXX X

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**NAMCS Supplement on Primary Care Policies**

**TELEPHONE SCREENER**

1. Hello, have I reached Dr. {PHYSICIAN NAME}’s office?

 YES 1

 NO 2 (GO TO 15)

 WRONG NUMBER 3 (GO TO 15)

 NO LONGER WORKS HERE 4 (GO TO 15)

 DECEASED 5 (END STATEMENT 1)

 RETIRED 6 (END STATEMENT 1)

 NOT IN PRACTICE 7 (END STATEMENT 1)

 REFUSED -8

2. This is {INTERVIEWER NAME}. I am calling on behalf of the National Center for Health Statistics regarding a study of physicians. I’d like to confirm that I have the correct office address for Dr. {PHYSICIAN’S NAME}.

 [VERIFY ADDRESS AND RECORD ANY CHANGES.]

 PRACTICE/CLINIC NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 STREET ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PO BOX/SUITE/ROOM/DEPT/BLDG\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CITY, STATE ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 REFUSED -7

 DON’T KNOW -8

3. Is Dr. {PHYSICIAN NAME}’s specialty {SPECIALTY}?

 YES 1 (GO TO 5)

 NO 2

 REFUSED -7 (GO TO 5)

 DON’T KNOW -8 (GO TO 5)

4. What is {his/her} specialty?

 FAMILY PRACTICE/FAMILY MEDICINE 1

 INTERNAL MEDICINE/GENERAL INTERNAL MEDICINE/INTERNIST 2

 OTHER, SPECIFY 91 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 REFUSED -7

 DON’T KNOW -8

5. Does this practice have a website?

 YES 1

 NO 2 (GO TO 7)

 REFUSED -7 (GO TO 7)

 DON’T KNOW -8 (GO TO 7)

6. What is the web address?

 WEB ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 REFUSED -7

 DON’T KNOW -8

7. What is the number of physicians employed at this practice, across all practice locations?

 NUMBER \_\_\_\_\_\_\_\_\_

 REFUSED -7

 DON’T KNOW -8

8. Of the total number of physicians at this practice, how many specialize in Family Medicine?

 NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 REFUSED -7

 DON’T KNOW -8

9. How many specialize in Internal Medicine?

 NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 REFUSED -7

 DON’T KNOW -8

10. Does {PHYSICIAN’S NAME} see all {his/her} patients in a hospital?

 [IF NEEDED: **All** patients or only some patients?]

 YES 1

 NO 2

 REFUSED -7

 DON’T KNOW -8

11. Does {PHYSICIAN’S NAME} see all {his/her} patients in an urgent or immediate care center?

 [IF NEEDED: **All** patients or only some patients?]

 YES 1

 NO 2

 REFUSED -7

 DON’T KNOW -8

12. Does {PHYSICIAN’S NAME} see all {his/her} patients in a Federal facility such as a VA office, a military clinic, or a Public Health Service or Indian Health Service clinic?

 [IF NEEDED: **All** patients or only some patients?]

 YES 1

 NO 2

 REFUSED -7

 DON’T KNOW -8

13. Does Dr. {PHYSICIAN’S NAME} see all {his/her} patients in a nursing home, rehabilitation center or correctional facility?

 [IF NEEDED: **All** patients or only some patients?]

 YES 1 (END STATEMENT 2)

 NO 2 (END STATEMENT 2)

 REFUSED -7 (END STATEMENT 2)

 DON’T KNOW -8 (END STATEMENT 2)

14. Is {PHONE NUMBER} the best phone number at which to reach Dr. {PHYSICIAN’S NAME}’s office?

 [VERIFY AND RECORD ANY CHANGES]

 TELEPHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (END STATEMENT 2)

 REFUSED -7 (END STATEMENT 2)

 DON’T KNOW -8 (END STATEMENT 2)

15. I’m trying to reach the office of Dr. {PHYSICAN’S NAME} on {STREET} in {CITY, STATE}. Do you know {him/her}?

 [IF NEEDED: Do you know {his/her} telephone number/address/the name of a person who might know how to reach {him/her}?]

 YES 1 (FOLLOW LEADS, THEN RESTART)

 NO 2 (END STATEMENT 1, THEN TO TRACING)

16. Do you have a forwarding telephone number and address for the doctor?

 [IF NEEDED: Do you know the name of a person who might know how to reach {him/her}?]

 YES 1 (FOLLOW LEADS, THEN RESTART)

 NO 2 (END STATEMENT 1, THEN TO TRACING)

 END STATEMENT 1: Thank you for your time.

 END STATEMENT 2: Those are all the questions I have for you. Thank you for your help.